

STATEWIDE QUALITY ADVISORY COMMITTEE

Expert Panel on Performance Measurement

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Director

Bureau of Health Care Safety and Quality



BACKGROUND

- 10-member committee charged with creating a Standard Quality Measure Set (SQMS)
- In Year 1, selected measures used to evaluate
 - hospitals, community health centers
 - and other settings *where needed*:
 - behavioral health, post acute care facilities, community and population health
- Preliminary recommendations expected in Summer 2012
 - Yearly updates to add/sunset additional measures



COMMITTEE MEMBERS

- Áron Boros, Commissioner, Division of Health Care Finance and Policy
- John Auerbach, Commissioner, Department of Public Health
- Dolores Mitchell, Executive Director of the Group Insurance Commission
- Dr. Julian Harris, Director of MassHealth
 - Designee: Ann Lawthers, Director of Quality, MassHealth
- Dianne Anderson, President and CEO, Lawrence General Hospital - *a representative from an acute care hospital or hospital association*
- Dr. James Feldman, Boston University Medical Center and Massachusetts Medical Society – *a representative from a provider group, medical association or provider association*
- Dr. Richard Lopez, Chief Medical Officer, Harvard Vanguard Medical Associates - *a representative from a medical group*
- Jon Hurst, President, The Retailers Association of Massachusetts - *a representative from an employer association*
- Amy Whitcomb Slemmer, Executive Director, Health Care For All - *a representative from a health care consumer group*



CONTEXT OF STANDARD QUALITY MEASURES AND HEALTH REFORM

- Enhanced transparency of system performance
- Expanded insurance coverage
- Cost containment efforts
- Persistent quality gaps despite improvement efforts
- Multiple efforts – private and public – at performance measurement



SQAC STATUTE

- Section 54 of Chapter 288 of the Acts of 2010
 - Amended by Chapter 359
- Statute requires inclusion of 4 measure sets:
 - **CMS Hospital Process Measures**
 - *Heart attacks*
 - *Congestive heart failure*
 - *Pneumonia*
 - *Surgical infection prevention*
 - **The US Department of Health and Human Services' Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS).**
 - **The Healthcare Effective Data and Information Set (HEDIS).**
 - **The Massachusetts Ambulatory Care Experiences Survey (ACES).**
- Other nominated measures evaluated on priority, validity and practicality

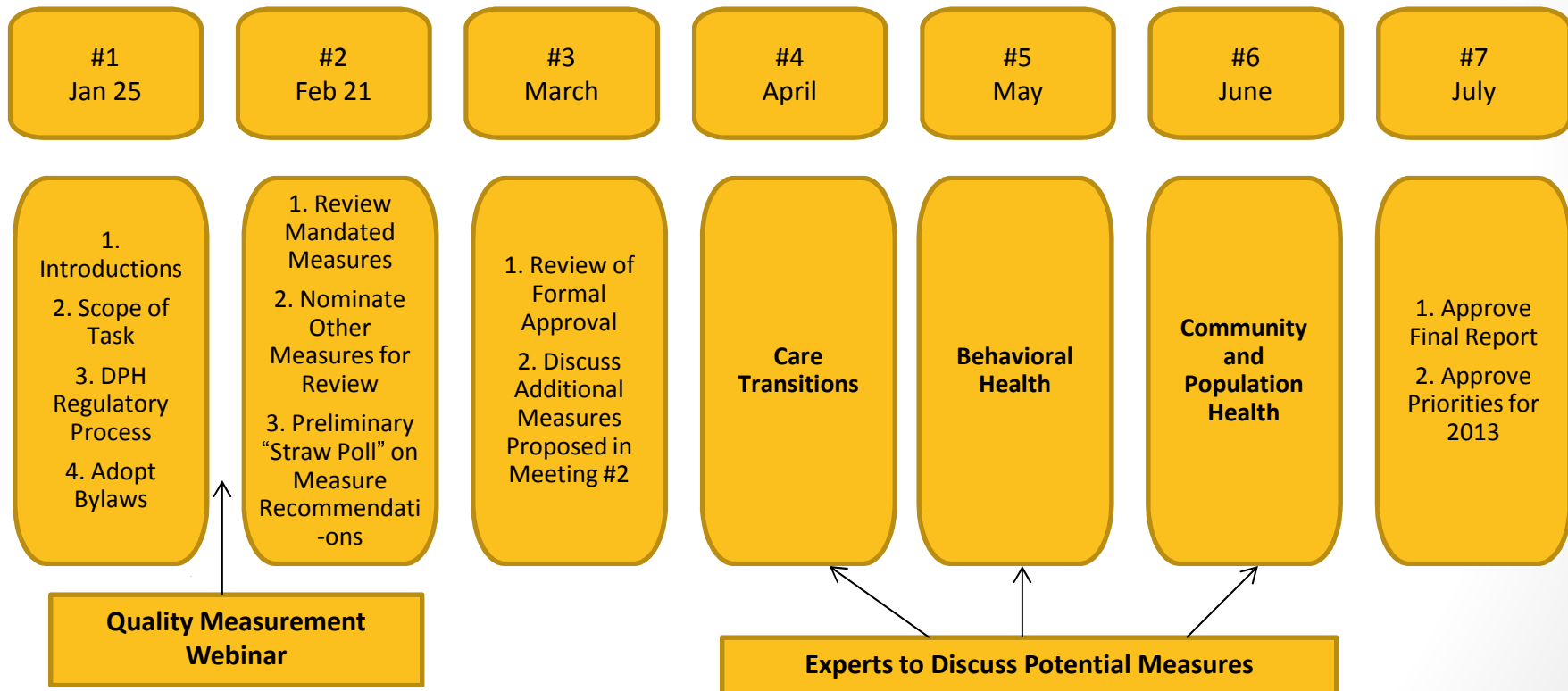


ROLE OF COMMITTEE AND ITS ADVISORY RECOMMENDATIONS

- The SQAC will identify and endorse measures for inclusion in the Standard Quality Measure Set and recommend future priorities for quality measurement.
- With regard to measure identification, the SQAC will issue annual recommendations to the Department for the Standard Quality Measure Set.



COMMITTEE MEETING SCHEDULE



PRINCIPLES FOR MEASURE SELECTION

- In assessing measures for inclusion in the recommended Standard Quality Measure Set, three areas will be evaluated prior to endorsement:
 - ***Priority***
 - ***Validity***
 - ***Practicality***



PRINCIPLES OF SELECTION CONTINUED

- Measures must be value-added, and not perpetuate the “waterfall” of measures
- There is the increasing central challenge of identifying valid, practical measures for additional sites of care and service lines, such as community & population health, behavioral health, care coordination, free standing surgical centers, and post-acute settings
- Determining if and how best to hold providers or sites of care responsible for an integrated care system is critical
 - selecting a subset of measures for prioritization by the Department as a Quality Improvement Focus List



PRIORITY AREAS

- The year-one focus for the SQAC selection and evaluation process will be quality measures that will aid state government in measuring the performance of integrated healthcare systems, such as ICOs, ACOs, and PCMHs. The development of such systems is critical to the state goal of encouraging high-quality, coordinated, and affordable healthcare. The opportunity for the SQAC to assist in developing the means to measure the success of this initiative will support state efforts to monitor the transformation of the delivery system.



PRIORITY AREAS

- Pertains to priority areas specified by Commissioners.
 - *Efficiency and system performance*
 - *Care transitions and coordination*
 - *High-priority settings and clinical focus areas:*
 - Behavioral health
 - Post-acute care settings
 - Community and population health
 - Free standing and hospital outpatient surgical centers



VALIDITY

- Validity: measures should be sound, just, and well-founded in accordance with HCQCC principles 1, 3, 5 & 6.
 1. drawn from nationally accepted standard measure sets
 3. provides stable and reliable information, and that the data sources and sample sizes are sufficient for accurate reporting at the level chosen
 5. measured entity (clinician, site, group, institution) is associated with a significant amount of the variance in the measure. The measures offered for providers should, in totality, be representative of a significant proportion of their practices, OR the measure is important for patients or communities, even though a clear consensus on accountability for performance has not been determined
 6. Providers should be informed about the development and validation of the measures and given the opportunity to view their own performance



PRACTICALITY

- Measures that are pragmatic, able to be applied without extensive additional work, and meet the practical considerations of this project/program in accordance with HCQCC principles 2 & 4.
 - Ease of data collection (e.g., existing efficient process in place vs. data unavailable)
 - HCQCC 2. The measure must reflect something broadly accepted as meaningful to providers or patients
 - HCQCC 4. There must be sufficient variability or insufficient performance on the measure to merit attention

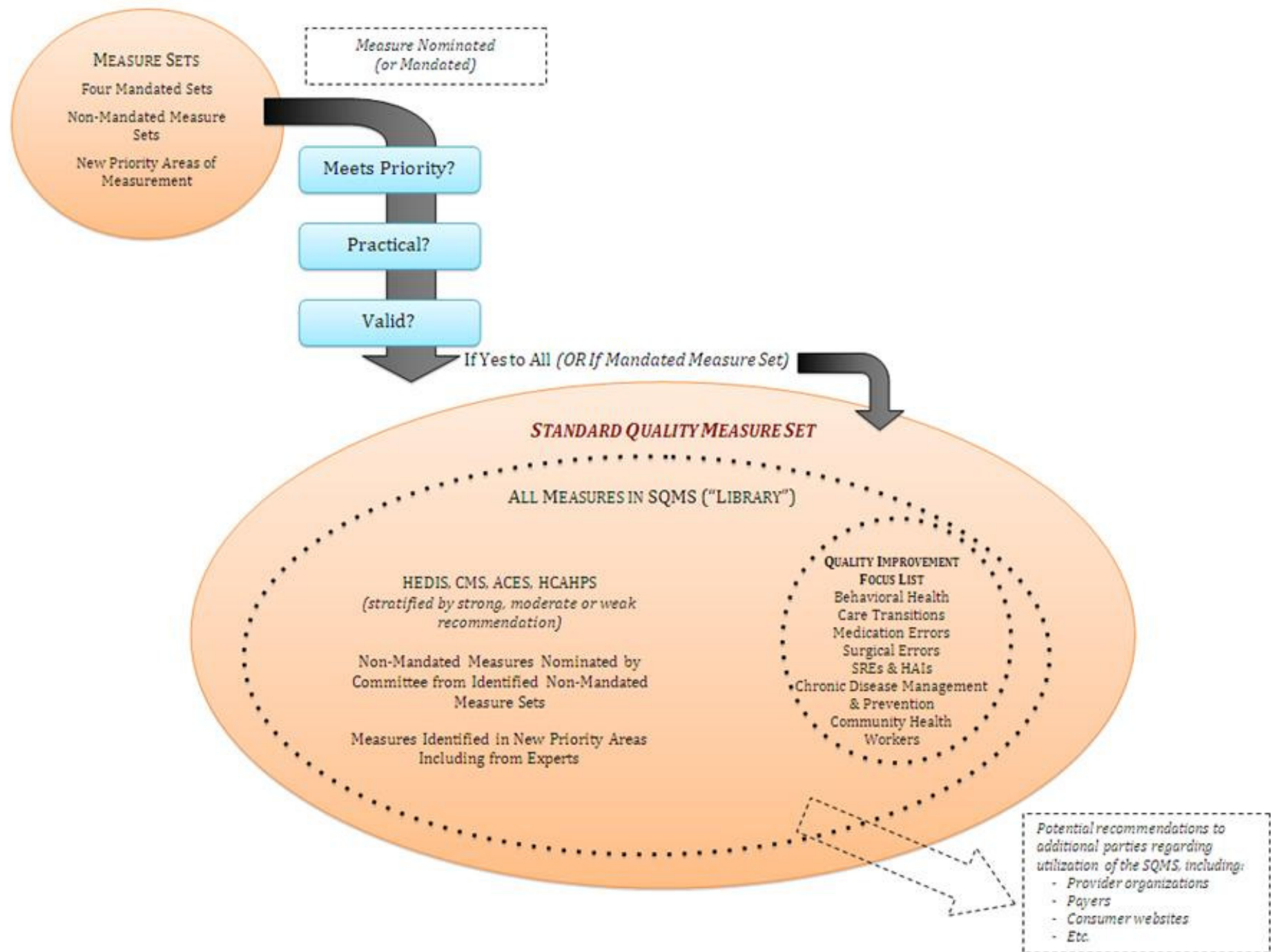


RECOMMENDING MEASURES

- *Example of how level of recommendation is determined:*

	Sufficient Practicality	Insufficient Practicality
Sufficient Validity	Strongest recommendation	Measure is considered valid, but further infrastructure development is needed for a strong recommendation
Insufficient Validity	Measure is considered not sufficiently valid, and further work on the methodology is needed for a strong recommendation	Weakest recommendation





MANDATED MEASURES: CMS

Strong Recommendation

- AMI-3: ACEI or ARB for LVSD
- AMI-7a: Fibrinolytic tx w/in 30 minutes of arrival
- AMI-8a: PCI w/in 90 minutes of arrival
- AMI-10: Statin prescribed at discharge
- HF-1: Discharge instructions
- PN-2: Pneumococcal vaccination
- PN-7: Influenza vaccination
- SCIP-Inf-4: Controlled postoperative blood glucose
- SCIP-Inf-9: Urinary catheter removed
- SCIP-Card-2: Beta-blocker therapy

Moderate Recommendation

- AMI-1: ASA arrival
- AMI-2: ASA discharge
- AMI-4: smoking cessation
- AMI-5: beta-blocker at discharge
- HF-2: LV function
- HF-3: ACEI or ARB for LVSD
- HF-4: Smoking cessation
- PN-3b: Blood cultures in ED
- PN-4: Smoking cessation
- PN-5c: Antibiotic w/in 6 hours
- PN-6: Antibiotic selection for CAP
- SCIP-Inf-1a: Antibiotic w/in hour to incision
- SCIP-Inf-2a: Antibiotic selection
- SCIP-Inf-3a: Antibiotics d/c 24 hours after surgery
- SCIP-Inf-6: Hair removal
- SCIP-Inf-10: Perioperative temperature management
- SCIP-VTE-1: VTE prophylaxis ordered
- SCIP-VTE-2: VTE prophylaxis received

MANDATED MEASURES: HCAHPS

Strong Recommendation

Moderate Recommendation

- Communication with nurses
- Communication with doctors
- Responsiveness of hospital staff
- Pain control
- Communication about medicines
- Discharge information
- Cleanliness of hospital
- Quietness of hospital
- Overall rating of hospital care
- Overall recommendation

MANDATED MEASURES: HEDIS

Strong Recommendation	Moderate Recommendation
<ul style="list-style-type: none">•Breast CA screening•Colorectal CA screening•DM: LDL screening•DM: nephropathy screening•DM: Hemoglobin A1c testing•Antidepressant med•Annual monitoring for med management•Spirometry in COPD•Cervical CA screening•Chlamydia screening in women•Appropriate tx for URI•Use of imaging studies for LBP•Comprehensive back pain care•Appropriate meds for adults with asthma•Follow-up care for ADHD med•Well-child visits 3-6•Adolescent well-care visits	<ul style="list-style-type: none">•DM: Foot exam•Adult BMI Assessment•Weight assessment children•Childhood immunization•Adolescent immunization•Lead screening in children•Use of high-risk meds in elderly•Care for older adults•Children with pharyngitis•Comprehensive IVD•Comprehensive adult DM care•Appropriate meds for children with asthma•Drug-disease interactions in elderly•Med reconciliation post-discharge•Adults' access to health services•Children's access to primary care•Prenatal and postpartum care

MANDATED MEASURES: HEDIS (CTD)

Strong Recommendation

- Antidepressant med management
- Cholesterol management
- Controlling high blood pressure
- DM: HbA1c control
- DM: LDL control
- DM: Blood Pressure Management
- Tx in adults with acute bronchitis
- Initiation and engagement of alcohol and drug treatment
- Follow-up after hospitalization for mental illness

Moderate Recommendation

- Frequency of ongoing prenatal care
- Well-child visits in first 15 months
- Anti-rheumatic tx in RA
- Osteoporosis management
- Beta-blocker tx after heart attack
- DM: Retinal eye exam
- Glaucoma screening in older adults
- Flu shots for older adults
- Pneumonia vaccination for older adults
- Tx of COPD exacerbation
- HPV for Female Adolescents
- Med Management for People with Asthma
- Fall Risk Management
- Management of Urinary Incontinence

MANDATED MEASURES: HEDIS (CTD)

Strong Recommendation

Moderate Recommendation

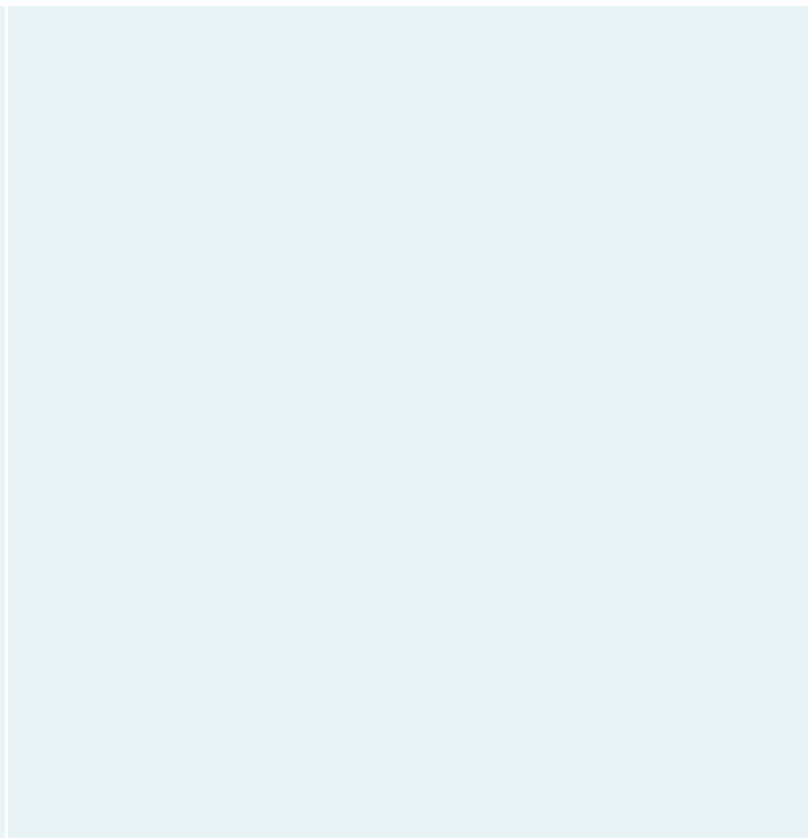
- Osteoporosis Testing in Older Women
- Physical Activity in Older Adults
- Aspirin Use and Discussion
- Flu Shots for Adults Ages 50–64
- Smoking and Tobacco Use Cessation
- Children with Chronic Conditions
- Plan All-Cause Readmission
- Supplemental items for CAHPS (4.0)

MANDATED MEASURES: ACES

Strong Recommendation

- Quality of MD-Patient Interactions: Communication
- Quality of MD-Patient Interactions: Integration of care
- Quality of MD-Patient Interactions: Knowledge of the patient
- Quality of MD-Patient Interactions: Health promotion
- Organizational Features of Care: Organizational access
- Organizational Features of Care: Visit-based continuity
- Organizational Features of Care: Clinical team
- Willingness to Recommend Doctor

Moderate Recommendation



PUBLICLY NOMINATED MEASURES OVERVIEW

- AHRQ Inpatient Quality Indicators (IQIs)
- AHRQ Patient Safety Indicators (PSIs)
- CMS Children's Asthma measures (CAC)
- The Joint Commission Hospital Based Inpatient Psychiatric Services (HBIPS)
- The Joint Commission Maternity measures (MAT)
- AMA-PCPI Substance Use Disorders
- ORYX Substance Use Disorders (SUB)
- Children's Hospital Boston Inpatient Experience Survey (PIES)



PROCESS

- 4 mandated measure sets automatically entered in SQMS
- Nomination of additional measures
 - Members of the public (subsequently endorsed by SQAC member)
 - SQAC committee members
- Each SQAC member or public attendee proposing a measure is responsible for demonstrating
 - Concordance with SQAC priorities
 - Validity
 - Practicality
- Majority vote required for inclusion in SQMS



USING THE SQMS

- Tiered health insurance products
 - Plans for individuals and small groups affected
 - Already tier by cost, can use SQMS measures to tier by quality
- Encouraging high-quality, coordinated, and affordable healthcare in DPH priority areas
 - Behavioral Health
 - Care Transitions
 - Medication Errors
 - Surgical Errors
 - SREs & HAIs
 - Chronic Disease Management and Prevention
 - Community Health Workers



STATEWIDE INITIATIVE ALIGNMENT

- Alignment and support of HCQCC/EPPM efforts
- Future cross-agency coordination on quality initiatives
 - Public reporting
 - DPH
 - Connector
 - GIC
 - MassHealth
 - ...



WHAT THE SQMS AND QUALITY MEASUREMENT MEANS FOR THE CONSUMER

- Informed consumer decision-making
- Informed policy-making
- Improved quality of care across the continuum
- Transparency and new factors of competition
- Driving innovative service delivery & integration
- Financial models to incentivize quality



THANK YOU

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